



# State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/14/2015

Business ID: 160449

William M. Gardner

Secretary of State

CHI ENGINEERING SERVICES INCORPORATED

430 WEST RD

PORTSMOUTH, NH 03801

ADDRESS OF PRINCIPAL OFFICE:

430 WEST ROAD

PORTSMOUTH, NH 03801

REGISTERED AGENT AND OFFICE:

CAMERINO, STEVEN V, ESQ

BICENTENNIAL SQUARE, 15 N MAIN STREET

CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 160449

STATE OF DOMICILE: NEW HAMPSHIRE

Engineering Consulting Services for the LNG Industry

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. Lynda M. Erdbrink

STREET 430 West Road

CITY/STATE/ZIP Portsmouth Nh 03801

TREAS. Lynda M. Erdbrink

STREET 430 West Road

CITY/STATE/ZIP Portsmouth Nh 03801

PRES. Peter C. Dirksen

STREET 430 West Road

CITY/STATE/ZIP Portsmouth Nh 03801

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Lynda M. Erdbrink

STREET 430 West Road

CITY/STATE/ZIP Portsmouth Nh 03801

DIR. Peter C. Dirksen

STREET 430 West Road

CITY/STATE/ZIP Portsmouth Nh 03801

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Denise Payne

Please print name and title of signer:

Denise Payne

/

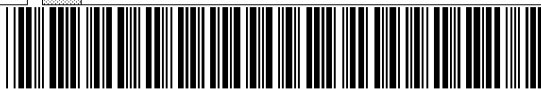
AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



016044920151003

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301